

Invoice

Dr. Scott Barbour

Barbour Orthopaedics and Sports Medicine

DATE: FEBRUARY 2, 2018

5505 Roswell Road

Suite 100

Atlanta, GA 30342

Phone 404-596-7958 Fax 404-596-7958

DOCTOR	PATIENT	PAYMENT TERMS	DUE DATE
Scott Barbour	Laura Jenkins	Due Upon Receipt	Due Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Medical Narrative Payment is required before production of document.	\$500.00	\$500.00
SUBTOTAL			\$500.00
CREDITS			0
TOTAL DUE			\$500.00

All payments are to be sent to the address above or paid over the phone. Please put patient's name in memo portion of check.